

6

HCT2020 Year 1: 2016 Action Agenda Mental Health, Alcohol, and Substance Abuse

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Focus Area 1: Mental Health, Alcohol, and Substance Abuse

Goal 1: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

Area of Concentration: Behavioral Health

SHIP OBJECTIVE MHSA-1: Decrease by 5% the rate of mental health emergency department visits.

Dashboard Indicator: [Rate of mental health emergency department visits in Connecticut](#)

Strategies	Actions and Timeframes	Partners Responsible	Progress
<i>Communications, Education and Training</i>			
<p>Increase knowledge and implementation of behavioral health screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age</p>	<p>a. Create and disseminate an educational one-page behavioral health data fact sheet including a link to SAMHSA’s list of screening tools, to promote behavioral health screening among primary care providers by Q1</p>	<p>Community Health Association of CT CT Department of Mental Health and Addiction Services (DMHAS) CT Department of Public Health (DPH) CT Office of the Healthcare Advocate (OHA) School Based Health Centers (SBHC)</p>	<p>04.01.16 A fact sheet has been created by SIM</p>
	<p>b. Identify and use avenues for dissemination of fact sheet and other informational materials. (e.g., existing listservs, National Depression Screening Day, etc.) (Q2-Q4)</p>	<p>Connecticut Clearing House Connecticut Healthy Campus Initiative Depression/Suicide Training providers DMHAS/Public Information FQHCs SBHCs</p>	<p>07.01.16 CT College of Emergency Physicians joined team as an avenue of dissemination for information on screening</p>
	<p>c. Promote and increase screening, brief intervention and referral to treatment (SBIRT) among primary care providers such as Person Centered Medical Homes, FQHCs, and School-based clinics; Q3-Q4</p>	<p>DMHAS CHA CT Department of Social Services (DSS) Medicaid DCF DPH Community Health Association of CT Primary Care Umbrella Groups (CSMS, IPA, PCCCT, CPA) SBHCs and expanded services UCONN Health Center</p>	<p>04.01.16 Through MOA with DMHAS, DCF has provided four sessions of TOT in Adolescent SBIRT to DCF staff, CPN, DCF contracted providers (home based service providers), pediatricians. Mandatory for EMPS Plans to expand A-SBIRT include purchasing license for web-based simulation training.</p>
	<p>d. Identify and embed SBIRT components into the Health Professional Training Programs’ curricula at UCONN Health Center’s medical, nursing and dental schools by Q4</p>	<p>CHA DCF DPH DSS/Medicaid Community Health Association of CT Primary Care Umbrella Groups (CSMS, IPA, PCCCT, CPA) SBHCs and expanded services UCONN Health Center</p>	<p>07.01.16 Department of Community Medicine has developed a training institute that prepares health professionals in primary care settings to conduct SBIRT.</p>

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Collaborate with 5 area hospital Emergency Departments (EDs) at Bristol, St. Francis, Hartford, William Backus and Yale to reduce behavioral health ED visits.	a. Manage collaboration with Beacon Health Options (Medicaid Administrative Services Organization or ASO), and 5 area hospital Emergency Departments (EDs) which have the highest volume of behavioral health visits to: <ul style="list-style-type: none"> Identify ED frequent visitors using Medicaid claims data, and share these lists with the 5 EDs. Q1 thru Q4 Deploy Intensive Care Manager and Peer Teams to each of the 5 EDs to work with ED staff and frequent visitors to enhance connect to care and care coordination post ED visit, and decrease ED readmissions. Q1 thru Q4. Monitor success of models for possible replication and/or adaptation (dependent upon resources) Q4 	DMHAS DSS Value Options Bristol Hospital Hartford Hospital St. Francis Hospital William Backus Hospital Yale New Haven Hospital Connecticut Hospital Association	04.01.16 <ul style="list-style-type: none"> Compiled rolling list of ED FV through Medicaid claims data and are sharing with ED Deployed Intensive Care Manager and Peer Teams to each of the 5 EDs to work with ED staff and frequent visitors Working to develop monitoring strategy 07.01.16 Nine Community Care Teams are up-and-running right now. They are being funded by hospitals, through private grants, and with the help of donations from providers and not-for-profit organizations.
	b. Work to strengthen existing Community Care Teams and provide ASO resources to help develop and implement CCTs as resources allow. Q1 thru Q4.	DMHAS	04.01.16 Beacon staff are supporting five Community Care Teams and providing ASO resources to help develop and manage work of CCTs
Support legislation to establish statewide property maintenance code	a. Publicize legislation among partners b. Provide testimony as time, policies allow	DMHAS Office of Chief States Attorney, Housing Matters	07.01.16 <ul style="list-style-type: none"> Hoarding taskforce bill has passed both House and Senate; currently awaiting Governor's signature Property Maintenance Code is still on the table and will be worked on
Resources Required (human, partnerships, financial, infrastructure or other) <ul style="list-style-type: none"> In development 			
Monitoring/Evaluation Approaches <ul style="list-style-type: none"> Provide quarterly report outs 			

Focus Area 1: Mental Health, Alcohol, and Substance Abuse

Goal 1: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

Area of Concentration: Substance Abuse

SHIP OBJECTIVE MHSA-5: Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older)

Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut

Strategies	Actions and Timeframes	Partners Responsible	Progress as of 02-03-2016
<i>Communications, Education and Training</i>			
Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).	a. Work with Regional Action Councils (RACs) to educate the public on prescription drug-related consequences – ongoing	CT Department of Consumer Protection (DCP) - source of information CT Poison Control Center DPH Office of Injury Prevention - currently has a PSA DMHAS Opioid Prevention Workgroup Governor’s Alcohol and Drug Policy Council (ADPC) Police Chiefs Area Agency on Aging CT Department on Aging	
	b. Partner with the DCF Public Health Campaign to produce a prescription drug misuse public health alert for consumers (Q1)		04.01.16 DCF Public Health Campaign has kicked off at Day Kimble
	c. Action Team member organizations link to website (www.ct.gov/dropbox) with information on the locations and proper use of drop boxes for public medication disposal and report back when the link has been created.(Q1)		07.01.16 DCP provided 2015 data from Prescription Monitoring Database.
	d. DCP will continue to update website with current information with drop box & treatment centers & other resources. (Q1)		04.01.16 Resource links on DCP page connect to DMHAS webpage. Reference “last edited” date on bottom of page.
	e. Work with CT Pharmacists Association and prescribers to engage in promoting proper medication storage to customers/patients when dispensing opioids, including the sale and use of personal medication lock boxes (Q1)		04.01.16 DCP currently has an educational brochure template on their website which pharmacies can download for distribution. Additional discussion needed to coordinate promoting the availability of this brochure.
	f. Work with AARP and CT Legislative Commission on Aging to disseminate information to Increase awareness of prescription drug abuse and opioid overdose prevention among older adults		
	g. Work with AARP and CT Legislative Commission on Aging to disseminate information to Increase awareness of prescription drug abuse and opioid overdose prevention among caregivers of older adults		

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Area of Concentration: Substance Abuse			
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Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut			
Strategies	Actions and Timeframes	Partners Responsible	Progress as of 02-03-2016
	h. Increase awareness of controlled drug disposal programs, including official prescription take-back events and local drop-boxes		04.01.16 Jason Cohen (DCP) provided an update on the PSA being used in DMV waiting areas which promote the use of prescription drug drop boxes and how to find local locations.
	i. Work with CT Prevention Network to develop and disseminate Point of sale/distribution signage for pharmacies in all RAC regions across the state to promote drop boxes and awareness of opioid poisoning prevention. (Q1) (collaborate with IVP ACTION Team)		
Promote adoption of opioid prescribing guidelines, such as SAMHSA's in-person continuing education course, Prescribing Opioids for Chronic Pain and CDC Opioid Prescribing Guidelines	a. Develop an educational briefing for prescribers about opioid addiction and treatment, including MAT. (Q1)	ADPC (educate on prescriber guidelines) CHA Community Health Center Association of CT (CHCA) CT Department of Correction (DOC) DCP Connecticut Prevention Network	04.01.16 Refinement of action step
	b. Develop an educational briefing about treatment options for chronic pain		04.01.16 Refinement of action step 07.01.16 CT Clearinghouse is partnering with DMHAS to develop 5 minute YouTube video depicting a health care practitioner conducting SBIRT
Surveillance			
Identify prevention opportunities from the review of aggregate data from the CPMRS and other sources.	a. Invite ADPC to present on their data	ADPC DCP DMHAS Opioid Prevention Workgroup	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> In development 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs 			

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Area of Concentration: Exposure to Trauma			
SHIP OBJECTIVE MHSA-8: Increase by 5% trauma screening by primary care and behavioral health providers.			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<i>Surveillance</i>			
Determine current baseline level of trauma screening in primary care and behavioral health	a. Review existing mechanisms for establishing baseline data by consulting with Massachusetts Trauma Screening researchers and others (Q1)	DHMAS DCF CHDI	04.01.16 Completed
	b. Determine CT methods, including a common definition for “trauma screening” (Q2)		07.01.16 Building on new collaboration with CHDI, DMHAS meeting with CHDI and DCF to identify methods and definition of trauma screening
	c. Establish CT baseline (Q3)		
	d. Obtain consultation from Dr. Felitti about screening (Q2)		
	e. Collaborate with other SHIP groups/Advisory Council working on baseline screening data processes (Q2)		
<i>Planning & Development</i>			
Explore options for trauma screening	a. Review results of baseline assessment (Q3-4)	Connecticut Chapter, American Academy of Pediatrics Connecticut Council of Child and Adolescent Psychiatry Connecticut Women’s Consortium DCF DMHAS MHSA Action Team	
	b. Review tools with trauma screening embedded and trauma specific screens (Q2-4)		
	c. Review alternative methods and locations for trauma screening (Q3-4)		
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> In development 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs Review PD data from the CT School Health Survey and other local, state and nationally administered surveys. 			